



AUTHORIZATION AND RELEASE TO OBTAIN A MOTOR VEHICLE REPORT(S)

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, and all applicable federal, state, and local laws, I hereby authorize and permit Haverford College to obtain a copy of my Motor Vehicle Report (MVR) as part of its review of my application for employment.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Haverford College, from liability that might otherwise result from the request for use and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that, under the provisions of the Fair Credit Reporting Act, I may request a copy (after I have provided proper identification) of the MVR from the consumer reporting agency that compiled the report.

This authorization shall remain in effect over the course of my employment with Haverford College, and MVRs may be ordered periodically during the course of this employment.

(Signature of Applicant/Employee)

(Date)

*** You are required to notify your department head if your license is suspended or revoked.***

DRIVER INFORMATION	
Name: _____	
Address: _____	
City/State/Zip: _____	
Telephone Number: _____	
Driver's License No.: _____ State: _____ Exp. Date: _____ (A photocopy of the Driver's License must be attached to this authorization.)	
Date of Birth: _____	